

### Project Plan:

This project falls within Vermont's payment and delivery system reform activities and will be lead on the State side by the Director of Health Care Reform. The Director of Health Care Reform will utilize the resources available within the State Innovation Models Testing Grant and update the VHCIP Core Team on this project's launch and development.

### *Goals:*

Design a multi-phased pilot project in the St. Johnsbury Hospital Service Area. The project will begin with a design phase focusing on using global budgets for Medicaid medical services. The design phase will include discussion of expanding beyond Medicaid medical services and to other payers. The design phase will result in a project design by January 1, 2016.

### **Design Phase (July 1, 2015-Jan 1, 2016):**

#### *Participants:(Project Team)*

St. Johnsbury: representatives from the three lead organizations

SOV: Director of Health Care Reform, VHCIP Director, VHCIP-identified lead, AHS-identified lead, VDH staff, DVHA staff

#### *Resources:*

St. Johnsbury representatives- Regional Leadership and Subject Matter Expertise

SOV representative- SOV leadership, subject matter expertise

SOV contractors-

- a. Bailit Health Purchasing-meeting planning and facilitation
- b. TBD-financial analysis (Medicaid medical and non-medical)
- c. TBD-data analytics
- d. TBD-quality measurement
- e. TBD-legal/waiver/regulatory analysis

#### *Activities:*

The project team, as described above, will meet at least monthly to develop the design for this project. As the design is developed, the project will provide updates and concepts to the VHCIP Payment Models Work Group and Population Health Work Group as appropriate. The project team will engage in the following activities:

1. Identification of targeted beneficiaries and accompanying attribution methodology.
  - a. This will include a method to extract appropriate data related to these beneficiaries.
2. Identification of targeted services.

- a. This will include a list of services, a plan for how to measure utilization and expenditure related to these services and proposed expansions beyond the initial set of services.
  - b. This will also include any requests for waiver of certain activities.
3. Identification of quality measures
  - a. This will include measures for reporting, monitoring, and payment. This will also include measure specification and a process for reporting and analyzing the measures.
4. Develop next steps related to an application to CMS for a State Plan Amendment related to implementation of this plan. This should include identification of necessary actuarial and financial analyses, programmatic analyses, quality measure analyses, and compliance.
5. Explanation of how this project fits explicitly within the state's other payment and delivery system reform efforts, including, but not limited to: the Blueprint for Health, Shared Savings Programs, All-Payer Model, Episodes of Care, and Prospective Payment Systems.
6. Development of subsequent phases of the project that would expand to additional services and providers and project plans for those phases.

For all of the activities above, the project team may also identify processes to identify program design elements (for example, the project team may indicate that they will adopt the Medicaid Shared Savings Program measures, but use different targets) if that is more appropriate for that particular activity.